

11-78

DO NOT WRITE IN THESE SPACES (FOR ADDITIONAL CROSS REFERENCES)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>kw</i>	<i>628904</i>	<i>9/23/60</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>10-4-60</i>
FORMALITY REVIEW	<i>M.H.</i>	<i>625</i>	<i>11-26-60</i>
RESPONSE FORMALITY REVIEW			

09/666382

INDEX OF CLAIMS

- | | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| — | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim	Date
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BEST AVAILABLE COPY.

If more than 150 claims or 10 actions
staple additional sheet here

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